

# Quantiferon TB Request Form

HOSPITAL NAME: \_\_\_\_\_

WARD: \_\_\_\_\_

**PATIENT DETAILS**

SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: MALE:

FEMALE:

PATIENT NUMBER: \_\_\_\_\_

HOSPITAL LAB NUMBER: \_\_\_\_\_

REQUESTING CLINICIAN: \_\_\_\_\_

DATE SAMPLE TAKEN: \_\_\_\_\_

TIME SAMPLE TAKEN: \_\_\_\_\_

Please fully complete the following section so that your patient sample can be analysed in the quickest possible time.

	YES	NO
1. Have the tubes been mixed thoroughly to ensure that the entire inner surface of the tube has been coated with blood prior to incubation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require Eurofins Biomnis to incubate and centrifuge your samples?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> to Q.2 please sign and date the form below. Please ignore Q3-5. If <b>NO</b> , please answer Q. 3-5:		
3. Were the tubes incubated within 16 hours of sampling?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the tubes incubated at 37 degrees Celsius for 16 – 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the tubes centrifuges at 2000 – 3000 RCF (g) for 15 minutes within 3 days of incubation?	<input type="checkbox"/>	<input type="checkbox"/>
Signed: _____		
Date: _____		